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WHAT SOCIAL INSURANCE WILL MEAN TO NURSES

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During the last twenty years a new recognition of social obligation has grown up in the community, and it is now generally conceded that in order to gain a harmonious development of the whole body politic, it is essential that there should be a readiness to consider the problems of accident, illness, disability, and unemployment not as individual, but as social problems.

The first legislation in this country regarding accident insurance was enacted about seven years ago, and now thirty-four states have workmen's compensation laws. These laws have given such impetus to the "Safety first" campaign that one-half to one-third of the accidents previously considered inevitable are prevented. The gain to workmen, to employers and to society is unquestioned, and many who originally opposed the measure are found as its warmest supporters.

The next step in social insurance which is receiving the attention of those interested in equalizing the burdens of society, is that of health insurance.

No country has ever had any reliable morbidity statistics until some form of health insurance was introduced, and we have only a few data in this country to build upon. Recently medical examinations were given to two thousand young people, average age thirty, and only sixty-three were found to be absolutely sound; the remaining 1937 of them, needed some help.

In 1915, the Metropolitan Life Insurance Company made an investigation in Rochester, N. Y., of the health of 7638 families, including 34,490 persons. This is a sufficiently large sample to give illuminating figures of a fair degree of accuracy. Of the 789 cases of illness found, 82.8 per cent incapacitated the patients for work. Taking adults of fifteen years and older, it was further found that the rate of sickness and inability to work was 27.3 per thousand for men, and 31.2 per thousand for women. Broadly speaking, over 2.5 per cent of the working population canvassed were unable to work at the time of the survey. Without regard to the extent of disability, 61 per cent had a physician in attendance. There was no record made of those receiving the care of a nurse, but it is quite safe to say that very few, except those in institutions, had any such attention.

The results of the survey of Dutchess County, N. Y., are frequently

quoted and are interesting. There were 1600 cases of sickness reported; 506 occurred among those able to pay for any desired attention; 822 were able to pay for ward service in a hospital; 212 occurred among those unable to pay for any service; 920 of the whole number received adequate service; and 660, inadequate. The importance of these rather fragmentary figures lies in the fact that the conditions are fairly typical, and show that among the people of moderate income, under the present conditions, the chances are even whether a patient will receive adequate care; while among the poor, the chances are two to one against his receiving proper care. Can we expect health insurance to aid?

Warren and Sydenstricker¹ in their report on "Health Insurance" point out that the democratic character of an effective health insurance is most pronounced in a governmental system. The wage-earner claims the benefit as a citizen's right. A governmental system removes the suspicion of charity which antagonizes so many independent workmen toward private forms of welfare work. It is further pointed out as a significant fact that the experience of European nations with health insurance shows compulsory governmental systems to be the only ones which succeed. In those countries in which private health insurance plans existed, or in which some health insurance system subsidized by the state was tried, there has proved to be a discouragingly small membership, and the workers who were nearest the line of poverty failed to insure. Some form of governmental insurance has come to be recognized as the only adequate method of dealing with the question among wage earners.

The commercial insurance companies carry a very large number of policies for life insurance, but as Dr. Rubinow expresses it, this amounts "to carrying a life-long insurance for the sake of a decent funeral." Some of the commercial companies have made an honest endeavor to inaugurate health insurance, but very few of the wage earners hold such policies, and the great expense of collecting the premiums, and the high expense of administration in other particulars make it very doubtful if the problem can ever be satisfactorily solved by commercial means. Under governmental auspices much of the already existing machinery of taxation and organization can be utilized, and the compulsory feature of the law tends to secure its permanency.

It is proposed, in the tentative draft of the bills for health insurance, that two-fifths of the dues shall be collected from the employers, two-fifths from the employees, and one-fifth from the state. It is

¹ Warren, B. S. and Sydenstricker, Edgar, Health insurance, and its relation to public health. Bull. 76, Treasury Dept., U. S. A.

calculated that the employee will be required to contribute about 1.5 per cent of his earnings, and will be entitled to a benefit amounting to two-thirds of his usual earnings during a period of twenty-six weeks. The fund thus collected is to be governed by commissioners composed of employers, employees, and one person appointed by the state.

All manual workers and all persons earning less than \$1200 per year are to be included under the law.

There are now bills ready to be introduced in over thirty states, providing health insurance.

Of course the first interest that nurses have in such legislation is the same as that of any other citizens; that a just, an equitable law be passed distributing the burden of illness, rather than leaving it heaviest on those least able financially to bear it.

The next interest of our profession in the matter is that the passage of such laws opens a wide opportunity for us to nurse many persons whom we have been unable to reach; whether the nurses themselves would be beneficiaries, would depend on the way the law is drawn and its interpretation by the courts.

In order that the nursing standards may be such as will give the best results, it behooves the nurses of each state to watch the bills and to see to it that the right of the nurses to be consulted on all nursing questions is maintained, and further to see that the responsibility under the law is met in a way to benefit the patients and redound to the credit of our profession.

Although health insurance is such a new subject in this country, it has had a fairly long trial in Europe. Germany, Austria, England, Norway and Russia had before the war definitely-working compulsory, health insurance laws. France, Denmark, Sweden and Switzerland have voluntary health insurance subsidized by the state. This country can have the benefit of their experience in many particulars, but none of them have such provision regarding nursing care as the sponsors of our laws wish to insert.

At the annual meeting of the American Association for Labor Legislation, in 1912, a national committee was appointed to investigate the subject of workingman's sickness. This committee includes in its membership leading authorities on insurance, statistics, medicine and nursing. The office of this association is at 131 East 23d Street, New York, and they will furnish literature regarding the subject of health insurance, including copies of the tentative draft of the bill recommended.

The American Medical Association appointed a committee to study the subject, in 1915, whose members have made an exhaustive

report of the need for legislation, its effect on the work of practicing physicians, the feasible means of carrying the benefit of the law to the people, and the just methods of arranging for the remuneration of physicians. In England there has been unfortunate controversy regarding the payment for medical service, and the medical committee is steering very carefully to avoid similar mishaps here. The tentative drafts of the act contain a provision that the State Medical Society shall appoint an advisory board which shall be consulted on medical matters. This is all that it is considered wise to have in the act, but the general plan of administration provides for a panel of physicians, selected with the approval of the medical society, from which the patient can choose his own doctor. Probably there will be some proviso that one doctor shall not have more than a certain number of insured persons under his care, in order to avoid the danger of perfunctory treatment, so frequent in lodge practice. There will be provision for referring cases to specialists as is necessary, and for sending such cases to hospitals as can be better cared for there.

It will be wise to have the provisions for nursing care parallel fairly closely those for medical care, as the nurses will work under the direction of the doctors, and there will be less danger of misunderstanding if there is a similarity of organization.

It is planned to utilize, as far as may be, the existing organizations: hospitals, dispensaries, visiting nurse associations, and fraternal orders, but there will be a need for definite study to procure better coördination and greater efficiency than we have ever had.

Every member of our profession, whether a private duty nurse, an institutional worker, or public health nurse will find that the passage of a health insurance law will affect her work. The private duty nurse will find that her work will ultimately be increased, as a new class in the community learns the comfort of being *really nursed*, and she will have many opportunities to return a man or woman to health and usefulness. The hospitals will occupy strategic positions, and may expect to largely increase their clientele among the people of moderate means; these people have always refused to accept the free service of the wards, and have been unable to pay for the private room service, but some way must be developed by means of which they may avail themselves of the expert care offered in a modern hospital, including the nursing, the surgical facilities, pathological laboratories, X-ray rooms, and all the elaborate paraphernalia which modern medicine calls to its aid in the conflict with disease.

The dispensaries will need to re-organize their work in many particulars in order that they may be able to serve the person who is able to

work, but whose efficiency and comfort may be largely increased by medical treatment, and whose danger of being completely disabled by illness may be thus removed.

The visiting nurse will occupy a very important position, teaching hygienic living, caring for cases in the homes, and in every way laying foundations for her sisters to carry on the work of interpreting health in practical terms.

The opposition to this legislation comes from some classes of employers, some of the commercial insurance companies, and some of the labor organizations, which object to certain provisions of the bill. Doubtless the opposition will take different forms in different states, and there will be very difficult questions of administration to be settled, but before many years we shall probably find some form of health insurance law on the statute books of nearly all the states.

In European countries one of the most immediate results of health insurance legislation has been a campaign for health conservation. Under the British act, a very efficient educational campaign for the prevention of tuberculosis has been inaugurated, and sanatorium treatment arranged for many persons.

Compulsory health insurance has been in force in Germany longer than in any other country, and the stimulation of all means making for public health is most marked there. Housing reform has been promoted by the reports on the housing conditions of sick members. Life has recently lengthened in other European countries at a rate equivalent to five or ten, to seventeen years per century, while in Prussia it has lengthened at the rate of twenty-five years per century. No small proportion of this increase must be attributed to the impulse toward discovery and application given to scientific medicine by the health insurance law of 1883.

This method of insurance seems to be better than any other yet devised to enlist the interest of all classes, because it gives a money value to health, meaning decreased fees for both employer and employee, as well as more continuous work.

From the point of view of those who are spending their lives in the care of the sick, one of its greatest benefits is the promise of prevention, since it makes it possible for the man or woman with an incipient disease such as cancer, tuberculosis, arterial disease, organic heart disease, to claim the treatment which will return him to his family and to society, equal to the demands upon him; instead of the present condition when a man too often drives himself to his work, refusing to notice any symptom of illness until his strength is exhausted, and all that can be done for him is to reduce his suffering to a minimum.

Doubtless there would be a very great development of scientific investigation of the progress of disease, and nurses would have an inspiring opportunity to assist in the practical application of the discoveries of the laboratory.

The possibilities of social insurance are so far reaching in their effect on the life of the nation, through its individual units, that a brief paper can do no more than suggest some of its tendencies, and bespeak the interest and intelligent study of all members of our profession in helping to solve this community problem.

CONTINUOUS IRRIGATION.—A simple means of maintaining continuous irrigation of a wound is illustrated in the *Journal of the American Medical Association*. The fluid is supplied from a reservoir above the head of the bed and conducted down to the wound by rubber tubing. The liquid drips on the highest part of the wound from the tubing, which is cut at an angle, at the rate of thirty drops per minute. It flows over the raw surface and drips into a rubber basket suspended below the wound. This basket consists of a wire ring about 14 inches across, around which rubber sheeting is loosely attached like a landing net. In the lowest point of the sheeting a rubber tube is cemented which leads into a basket under the bed. The wire ring may be bent to fit any wound, preventing dripping on the bed. Saline solution or any preferred application is used and excellent results in healing are attained.